

**SOUTH PIMA REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012**

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

The South Pima Region is an area of great diversity, with urban, suburban, and rural areas that differ from each other in many of the child and family indicators reflected in the Needs and Assets Report as well as identified by community key stakeholders. The large population centers are growing in numbers and complexity, with communities such as Green Valley, Sahuarita and Vail expanding rapidly. The population of children birth to age 5 is growing as well, putting pressure on the health, education, and early care systems that serve young children and their families. For example, the South Pima Region has a population of 265,435 with 21,370 children under five years of age, a 23% population growth in children of this age during the period 2000-2007(American Community Survey, 2007).

Over the last six months, a commendable effort was made by the South Pima Regional Partnership Council to visit a sampling of all the communities in the vast area it represents in order to better understand each community's needs and assets. Community members in every community were invited to participate in educating Regional Council members and sharing their perspective. Overwhelmingly, the lack of quality child care for all ages and most markedly for infants and toddlers was a universal need. This region has 51 child care centers, 30 of which are either operated by Head Start or school districts. These programs limit enrollment to income-eligible children who are 3-4 years of age and only offer part-day/part year programs.

Quality child care is often associated with accreditation by a nationally recognized organization. While there are 51 child care centers in this region, only a total of 8 are accredited. All eight are public school programs located within the Vail and Sunnyside School Districts. Eight of the nine Head Start programs are also located within the Sunnyside School District. One Head Start center serves the community of Ajo. Public school and Head Start programs, due to funding restrictions, have eligibility requirements that exclude many children. Even so, they are at capacity with many children on waiting lists. Clearly,

building the capacity of *high quality* early care and education programs is a priority for funding. A multi-level approach will be necessary to meet the diverse needs and available capacity of each community. In some communities, family child care homes or group homes may be the most appropriate approach; home visiting programs may better suit others; and some communities may be prepared to expand on or create a child care center facility.

The South Pima Regional Partnership Council members are committed to supporting high quality settings for children. Families frequently select child care based on cost and location. They do not always understand the importance of a high quality child care or education setting nor do they know what to look for when seeking care for their child.

Closely tied to high quality child care is the need for highly qualified teachers and caregivers. The teacher or caregiver's level of education is one of the greatest indicators of quality. Much can be done to impact the level of quality if teacher education levels can be increased. Pursuing post high school education is prohibitive for some child care workers whose wages average \$9.00 an hour. Providing scholarships and financial support for early childhood educators to continue their formal education will be a good investment with a high return. As early childhood teachers achieve higher levels of education, there should be some level of compensation provided. By raising the level of compensation, retention rates should increase, subsequently creating more stable learning environments for young children.

The region has no hospital and only a few medical clinics with some rural areas as far as two hours from the nearest large medical facility. There is a clear need to register more children who are not enrolled but are eligible for AHCCCS or Kids Care health insurance. Currently it is estimated that 14,174 children in the South Pima Region are eligible for KidsCare or AHCCCS but are not enrolled. Children with health insurance are more likely to receive routine, preventative care. The availability of dental services in this region for young children is a critical need. Thirty percent of children ages one to five years have untreated tooth decay and have never seen a dentist. Currently mobile dental services serve the communities of Three Points, Continental and Sahuarita. Although Ajo has a resident dentist, no new patients have been accepted in the past two years and children under the age of three are not typically seen in the few dental offices located in this region. Educating health providers, both dental and medical, about the importance of screening and treating children beginning at age one for oral health will begin to address this need. Child care centers and homes can also be a point of access for

preventative care such as oral screenings, fluoride varnish, and referrals for treatment if needed. Additionally, educating parents and child care providers regarding the importance of early oral health screenings will improve outcomes for children. Furthermore, in the majority communities of the South, prenatal care is not readily available and is completely lacking in some communities such as Ajo. Expectant women are forced to travel as far as two hours to access prenatal care.

There is a severe lack of therapists such as speech and language pathologists, occupational therapists, physical therapists and mental health specialists. This need is even more critical in the rural and smaller communities. By using incentives such as stipends and tuition reimbursement, it may be possible to bring services or increase the capacity to these areas.

The South Pima Region has many needs and First Things First funding will allow the Regional Council to begin supporting the development of the infrastructure and services to create better outcomes for children. With continued community input, stronger coordination between agencies, communities and government, rigorous accountability and clear long term strategic goals, collaborations and capacity will be built. This is just the beginning of a great work in progress. Based on the needs and assets of the region, the South Pima Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Limited access to early care and education.
2. Limited high quality early care and education settings.
3. Limited access to parent education and information.
4. Limited education of early care and education providers.
5. Low levels of compensation for early care and education professionals.
6. Number of uninsured children and utilization of preventative health care.
7. Limited access to early preventative dental care for children birth-5 years.
8. Limited access to quality age appropriate literature and education on early literacy for child care providers and families.
9. Limited knowledge by the community of the importance of early childhood health and development.

I. Prioritized Goals and Key Measures

The South Pima Regional Partnership Council has prioritized the FTF Goals and Key Measures as follows:

Need: Access to early care and education settings

Goal # 3: FTF will increase availability and affordability of early care and education settings.

Key Measure:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population birth to age five

Need: Quality care and education

Goal # 1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participating in the QIRS system
- Total number of children enrolled in early care and education programs participating in QIRS system
- Total number and percentage of early care and education programs participating in QIRS system

Need: Access to parent education and information

Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand family's access to high quality diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
- Percentage of families with children birth through age five who report reading to their children daily in their primary language

Need: Well-educated early childhood development workforce

Goal # 8: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early care and education who are pursuing a credential, certificate, or degree
- Total number and percentage of children expelled from early care and education services
- Retention rates of early childhood and health professionals

Need: Retention of highly qualified early childhood development workforce

Goal # 9: FTF will increase retention of the early care and education workforce.

Key Measures:

- Retention rates of early childhood development and health professionals
- Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

Need: Uninsured children and utilization of preventative health care

Goal # 4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely well-child visits

Need: Access to preventative oral health care

Goal # 4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measure:

- Total number and percentage of children receiving appropriate and timely well-child visits

Need: Lack of language and literacy supports for children, early childhood educators, and families

Goal # 12: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
- Percentage of families with children birth through age five who report reading to their children daily in their primary language

Need: Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts

Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

Need: Lack of appropriately qualified therapists to support young children's needs

Goal # 7: FTF will advocate for timely and adequate services for children identified through early screening.

Key Measure:

- Ratio of children referred and found eligible for early intervention

II. Strategy Selection

The proposed strategies build on the foundational strategic planning of the Regional Partnership Council. These initial strategies will serve as the first stage of improving services to families and children within our region. These improvements are designed to be a part of our larger strategic plan which, in upcoming years, will increase the coordination, communication, and efficiency of our early childhood system.

The South Pima Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work. The final two strategies listed are not funded at this time, but the South Pima Regional Partnership Council will work to secure funding to implement them through other revenue sources.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
Limited access to early care and education settings	Goal # 3: FTF will increase availability and affordability of early care and education settings. Goal # 1: FTF will improve access to quality early care and education programs and settings.	-Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	Recruit family child care, group home providers, and child care centers in areas of the region needing child care. Service number: 20 - D.E.S. certified homes 10 - D.H.S. licensed child care facilities
Limited access to quality early care and education	Goal # 1: FTF will improve access to quality early care and education programs and settings. Goal #8: FTF will build a skilled and well prepared early childhood development workforce	-Total number of early care and education programs participating in the QIRS system -Total number of children enrolled in early care and education programs participating in the QIRS system -Total number and percentage of early care and education programs participating in the QIRS system	Expand the number of early care and education centers/homes in South Pima Region participating in QUALITY FIRST! beyond those funded through the statewide initiative. Space would be reserved for homes and centers funded in Strategy #1. Service Number: 12 child care centers 15 family home and group home providers
Limited access to parent education and information	Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access	-Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety,	Expand on existing programs such as current home visiting and parent education programs to provide more opportunities for family

	to high quality, diverse and relevant information and resources to support their child's optimal development.	health, and well-being - Percentage of families with children birth through age five who report they maintain language and literacy rich home environments -Percentage of families with children birth through age five who report reading to their children daily in their primary language	support. Service Number: 175 families
Well-educated early childhood development workforce	Goal # 8: FTF will build a skilled and well prepared early childhood development workforce. Goal # 9 FTF will increase retention of the early care and education workforce.	- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development -Total number and percentage of professionals working in early care and education who are pursuing a credential, certificate, or degree -Total number and percentage of children expelled from early care and education services. -Retention rates of early childhood and health professionals	Fund additional TEACH Early Childhood Arizona scholarships beyond those provided through participation in QUALITY FIRST! Service numbers: 54 scholars
Retention of highly qualified early childhood development workforce	Goal # 9: FTF will increase retention of the early care and education workforce. Goal #8: FTF will build a skilled and well prepared early childhood development workforce.	-Retention rates of early childhood development and health professionals -Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development -Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree	Implement a wage compensation program tied to TEACH Early Childhood Arizona scholar's completion of early childhood education degree. Service number: 43 scholars
Number of uninsured children and utilization of preventative health care	Goal # 4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	-Total number and percentage of children with health insurance -Total number and percentage of children receiving appropriate and timely well child visits	Conduct health insurance outreach and enrollment assistance for eligible children Service Number: 2000 children

Access to preventative oral health care	Goal # 4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	- Total number and percentage of children receiving appropriate and timely well-child visits	Increase children's access to preventative dental health care by implementing an early childhood oral health program consisting of parent and staff education, oral screenings and referrals and increased exposure to fluoride for prevention of dental decay (fluoride varnish and tooth brushing programs). Service numbers: 51 DHS child care facilities/50 children per center=2,550 children 237 child care homes/5 children=1,185 children Total: 3736 children 40 health care providers
Lack of language and literacy supports for children and families	Goal # 12: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.	-Percentage of families with children birth through age five who report they maintain language and literacy rich home environments -Percentage of families with children birth through age five who report reading to their children daily in their primary language	Supplement QUALITY FIRST! participating centers and homes by providing lending libraries and language and literacy development education for staff and families. Service number: 18 child care centers with up to 50 children 27 child care homes with up to 5 children
Limited knowledge and information about the importance of early childhood development and health	Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	Key Measures: Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts	Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness campaign to build the public and political will necessary to make early childhood development and health as one of Arizona's top priorities Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization

			efforts to promote early childhood development and health in the region. Advocate for public policy change and increased resources on behalf of young children and their families.
Lack of appropriately qualified therapists to support young children's needs	Goal # 7: FTF will advocate for timely and adequate services for children identified through early screening.	-Ratio of children referred and found eligible for early intervention	Increase the number of mental health infant/toddler specialists and speech/language pathologists supporting children birth to age five by providing internship stipends and tuition reimbursement. Service number: -4 tuition reimbursement -4 intern stipends

Strategy Worksheets

Strategy 1: Recruitment and Expansion of Child Care

Overwhelmingly, community stakeholders identified the lack of child care as the greatest need. The South Pima region has a need for child care for all ages especially in the rural communities where in some cases, such as Arivaca and Ajo, there is no regulated child care available. In all communities there is a critical shortage of care for infants and toddlers. This strategy is intended to support the creation of child care throughout the region and the expansion of child care for infants and toddlers. It will build on recruiting currently unregulated homes to become regulated or certified by identifying them, providing support through a coach to develop a plan to meet the appropriate regulation requirements. It is also intended to provide child care through recruitment and support of new family care, group homes, child care centers, and untraditional child care models such as child care cooperatives in regions that are not currently served through the use of a recruiter/coach who will meet with community groups and interested individuals to identify potential child care settings. A requirement for receiving FTF funding will be mandatory enrollment into QUALITY FIRST! in the second or third year of the grant cycle.

This strategy will allow currently operating child care settings to expand services to provide infant care where it does not currently exist. Funding will also allow for planning for the expansion of programs that do not currently serve infants or toddlers with priority given to full day/full year programming.

Without some support for infrastructure, it will be difficult to bring child care to communities or expand on existing child care services. Some facility improvement grants will be available to support new child care settings in getting regulated or licensed. Facility improvement grants will also be available for expanding or modifying existing facilities to allow current settings to expand their current enrollment or expand enrollment for age groups currently not served. Discretionary funding will be sought to support larger capital improvements for purposes of expansion or remodeling to accommodate expansion of services.

Lead Goal: FTF will increase availability and affordability of early care and education settings.

Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population birth to age five

Target Population:

This strategy will target areas currently lacking child care options with greatest emphasis on providing services for infants and toddlers. Innovative proposals building on existing assets will be encouraged and start up grants will be considered.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	20 D.E.S. certified homes 10 D.H.S. licensed care facilities	20 D.E.S. certified homes 10 D.H.S. licensed care facilities	20 D.E.S. certified homes 10 D.H.S. licensed care facilities

Performance Measures SFY 2010-2012:

1. # of new licensed child care settings/10 - actual service number
2. # of new certified home care setting /20 - actual service number
3. # of child care settings expanding to provide infant and toddler care/10 - actual service number

- How is this strategy building on the service network that currently exists:

Unregulated care currently exists in most communities. This strategy is intended to build on that asset by recruiting unregulated, as well as new homes and potential child care center providers, supporting them in completing necessary paperwork and providing start-up grants, coaching and mentoring as an incentive to become regulated or licensed. This strategy also encourages currently operating centers to expand their services to include infant and toddler or year-round care. A requirement for receiving FTF funding will be mandatory enrollment into QUALITY FIRST! in the second or third year of the grant cycle. This will provide the new child care setting with the supports needed for continuous quality improvement. Regionally funded QUALITY FIRST! (strategy 2) and TEACH Early Childhood Arizona (strategy 3) slots will be reserved for these child care settings. Support of early language and literacy development will be specified in Request for Grant Applications as a part of the scope of work.

- What are the opportunities for collaboration and alignment:

All programs funded for this strategy will be required to participate in QUALITY FIRST! in the second or third year of operation. The QUALITY FIRST! umbrella will provide a framework for alignment of standards of quality. Participating programs will also have the added benefit of TEACH Early Childhood Arizona and a wage enhancement program. Funding has been designated in FY11 and FY12 to support enrollment of these new child care settings in QUALITY FIRST!, T.E.A.C.H and the wage enhancement strategy.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$983,000
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Budget Justification:

Through consulting with D.E.S. staff, it was determined that \$2,500 would adequately cover the costs of supporting a family child care home or group home in becoming regulated or licensed. These include costs associated with becoming regulated, certified or licensed such as fingerprinting, regulatory application fees, T.B. tests, orientation training, CPR/First Aid, etc.

\$758,000 has been set aside for start-up grants of up to \$100,000 per program that would be available to help defray the costs associated with start-up such as furniture and supply purchases, and facility improvement/expansion as needed. These funds would be distributed as needed based on recommendations of coach/mentor and would need to be approved by the Regional Council. The capacity for expansion and for opening a new center or child care home in many communities in this region is very limited or does not currently exist. As child care options increase in communities, service numbers and start up grants will be reduced in years FY11 and FY12.

Due to the rural nature of much of the South Pima Region, it was determined by the Regional Council that designated recruitment staff time would need to be included in the budget to insure that recruiting in the areas of highest need is successful. \$150,000 has been budgeted to support all costs associated with an individual(s) to support strategic recruiting efforts. Individuals supporting this effort will need to have a good understanding of the assets and barriers within each of the communities, be able to establish strong relationships with the potential providers, and preferably have English/Spanish bilingual skills.

Service #	Child care homes	Child care centers	Cost per Site	Total Cost
D.E.S./D.H.S. recruiting process	20	10	\$2,500	\$75,000
Start up grants			As needed determined by coach/mentor with approval of Regional Council	\$758,000
Recruiter staff time	1 FTE/2-3 Part time		\$150,000	\$150,000
TOTAL				\$983,000

Strategy 2: Expand the number of centers/homes in South Pima Region participating in QUALITY FIRST! beyond those funded through the statewide initiative. Space would be reserved for homes and centers funded in Strategy #1.

The South Pima Region has 51 child care centers and 237 child care homes. Only 3% of all child care centers and child care homes in the region are accredited. There are nine Head Start programs and eight accredited public school preschool programs, all of which fall into three zip codes from the 15 represented in the South Pima region. The current estimate provided by FTF for statewide QUALITY FIRST! funded sites is: 6 centers and 12 homes. The South Pima Regional Partnership Council believes that QUALITY FIRST! is an important investment that will significantly improve the quality of child care and early education for children. The South Pima Regional Partnership Council desires to eventually have all centers and child care homes in the region participating in QUALITY FIRST! and this strategy proposes a three year plan toward that end goal.

The First Things First Board approved funding to design, build and implement the first phase of *QUALITY FIRST!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Just 15% of early care and education centers and less than 1% of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre ², and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina ³, Pennsylvania, Tennessee and Oklahoma ⁴, show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation⁵ suggests that the quality indicators which produce child outcomes measure not only the quality of the environment, but also the quality of interactions, in early care and education

settings. Arizona is incorporating this research into its development of *QUALITY FIRST!*

- 1 Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)
- 2 Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center
- 3 Norris, D., Dunn, L., & Eckert, L. (2003). *"Reaching for the Stars" Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.
- 4 LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.
- 5 Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

1. Total number of early care and education programs participating in the QIRS system
2. Total number of children enrolled in early care and education programs participating in QIRS system
3. Total number and percentage of early care and education programs participating in QIRS system

Target Population:

FY10: 12 child care centers within the South Pima Region

15 family home and group home providers within the South Pima Region

Priority will be given to centers falling outside of the statewide initiative priority areas in order to provide a mechanism for all centers to be able to eventually participate. The South Pima Regional Partnership Council believes that high quality and accredited centers require vigilance and support to not only maintain their current quality standards but to continue to strive toward excellence.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	12 centers;	17 centers;	22 centers;
	15 homes	41 homes	68 homes

Performance Measures SFY 2010-2012

1. # of centers served through QUALITY FIRST!/FY10 -12 centers, FY11-17 centers, FY12 22 centers - actual service #
2. # of family care homes and group homes served through QUALITY FIRST!, FY10-15 homes, FY11-41 homes, FY12-68 homes- actual service #

<p>3. # of QUALITY FIRST! Centers improving their rating score by one level or more/actual service # & %</p> <p>4. # of children served at early care and education settings rated at level 3 or higher/actual service # & %</p>	
<p>• How is this strategy building on the service network that currently exists:</p> <p>FTF will fund 6 centers and 12 homes through the QIRS statewide grant. South Pima will build on the state system by funding an additional 35% of centers and 10% of homes in the region for FY10. This strategy will allow the South Pima region to fund centers and homes that might not meet the priorities established by the state, such as centers that have previously participated in an improvement project or are nationally accredited. In subsequent years, it will fund new child care homes and centers that are expanded or created with regional funds (Strategy 1).</p>	
<p>• What are the opportunities for collaboration and alignment:</p> <p>This strategy will allow for excellent alignment with the statewide initiative since it will be expanding an existing system. Through the components of QUALITY FIRST!, collaborations between agencies offering the supports will be expanded and improved. North and Central Pima Regional Partnership Councils have identified this strategy as one of their goals as well, providing opportunities for cross-regional collaboration.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
Population-based Allocation for proposed strategy	\$ 690,000
<p>Budget Justification:</p> <p>Based on information on cost for QUALITY FIRST! provided by FTF, with costs ranging from \$22,000 per home care provider to \$27,000-\$34,000 per center depending on size, the Regional Council recommended using the average cost of \$30,000 for centers for the purpose of budgeting. The Regional Council decided to target an additional 35% of centers and 10% of homes currently operating in the South Pima Region beyond those that will be funded through the statewide initiative. In subsequent years, they want to continue to support these child care settings and increase the additional percentage of regionally funded programs to 45% centers/20% homes for FY11 and 55% centers/30% homes for FY12. South Pima has a total of 51 centers and 237 child care homes/group homes currently operating. Of those only 10 are accredited and the accredited programs are limited to three zip codes from the fifteen that comprise the region. This region overwhelmingly identified access to high quality programs as the greatest need. This strategy would improve the quality of existing programs and in subsequent years would also insure the quality of new FTF funded child care settings. It will be important for the Regional Council to plan carry-over funds to help offset the increasing cost of meeting its service level goals for later years.</p>	

Strategy 3: Expand or establish new programs that support parents and caregivers in their ability to promote their children's optimal development and health.

Families in the South Pima Region are in need of services that assist them in developing the necessary skills to support their children's optimal development. Although there are currently several successful home visiting and facility-based parent education programs in the Tucson area, they serve limited numbers of families and do not currently serve many of the smaller outlying, rural communities that are in the South Pima Region. This strategy would encourage existing programs to expand their areas of service delivery to these more isolated communities in which services do not exist. Language and early literacy development will be a strong component of this strategy and grantees will need to address how it will be supported through their services.

The Regional Council recognizes that family support is the foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal and visual communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Research literature suggests that the best home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. When delivered well, home visiting services convey great respect for families because the service system is coming to the family rather than the family to the service system. In addition, because home visitors actually see the physical surroundings/households of their clients, they may be better able to tailor services to meet family needs.¹

The primary focus of home visiting services is to promote effective parenting and support parents as their child's first and most important teacher. If home visitors are also able to encourage families to enroll in health insurance, receive prenatal care and seek out a consistent medical home, then the home visiting services are greatly expanded to address those services for a family as well. Sometimes accessing and organizing all the services a family needs can be a struggle. Families may not be aware of their eligibility for certain assistance or funding streams, or the application paperwork may be onerous. It may also be discovered that families struggle with the practical difficulties of using public transportation in order to keep service appointments.

In order to address the distinct geographic needs of the region, the Regional Council will invite stakeholders to submit a variety of proposals to enhance family support that are both evidence-based and relevant to the community served. Specific approaches to implement this strategy include, but are not limited to:

- Home visitation programs
- Early language and literacy programs
- Parent education programs

Preference will be given to approaches that are research-based and to applicants who can demonstrate positive outcomes for our most vulnerable and/or disenfranchised families in the region.

¹Barnard, K. (1998). Developing, implanting and documenting interventions with parents and young children. *Zero to Three*, 18(4) 23-29.

Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse and Neglect*.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand family's access to high quality diverse and relevant information and resources to support their child's optimal development.

Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

1. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
2. Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
3. Percentage of families with children birth through age five who report reading to their children daily in their primary language

Target Population:

All families with children birth to age five in the region. Services will focus on pregnant women, teen parents, relatives raising related children, and families with children birth through three years of age. Additionally, priority will be given to programs that will expand their services to rural or un-served areas of the region including zip codes 85321, 85601, 85602, 85633, 85641, 85645 and 85736.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers:	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
With the decision to move forward with this broad strategy, it is not possible to determine service numbers at this time. The Regional Council will establish service numbers based on review of proposals and final awards.	TBD	TBD	TBD

Performance Measures SFY 2010-2012

<ol style="list-style-type: none"> 1. % of families showing increases in parenting knowledge and skill after receiving family support through home visiting program or parenting classes 2. # of families served 3. # and % of families receiving home visiting services 4. % of families reporting an increase in the # of days the family reads to their children 5. % of families that report satisfaction with home visiting or parenting education support 	
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Several agencies currently operate home visiting programs and parent education classes and related support services. This strategy allows for building on existing resources while expanding to serve areas or target populations not currently served. South Pima has many small rural communities that currently have access to few resources which are only available in Tucson. This strategy targets expansion of those resources to underserved locations in the region.</p>	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>As grantees begin to work in areas of the region which they have not previously served, they will need to network and collaborate with other service providers to better provide the services families need. TEACH Early Childhood Arizona scholarships (Strategy 4) and participation in the wage enhancement program (Strategy 5) would be made available to home educators from the early care and education workforce.</p>	
SFY2010 Expenditure Plan for Proposed	
Population-based Allocation for proposed strategy	\$525,000
Budget Justification: <p>A cost of \$3,000 per family for providing a home visiting program was estimated by looking at costs of existing programs. Programs that were considered in determining this cost were Parents as Teachers, Healthy Families and Nurse Family Partnership Program. Stand alone facility-based parenting classes cost less and can target a higher number of families but do not provide the intensity of services that are provided by home visiting. Costs in the first year might be higher due to costs incurred in increasing capacity such as instructional staff and purchase of materials and supplies. Estimated costs include salaries and benefits for home educators, training expenses and travel, mileage, supplies and materials.</p>	

Strategy 4: Expand access to TEACH Early Childhood Arizona

The Regional Council recognizes the need to support the professional development of the early care and education workforce. The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There are extensive bodies of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children¹.

Programs enrolled in QUALITY FIRST! will have access to TEACH Early Childhood Arizona. The Regional Council wants to expand TEACH to insure all educators participating in regionally funded QUALITY FIRST! programs are able to participate. It also wants to expand TEACH to those programs not yet enrolled in QUALITY FIRST! , and to home educators who are part of a formal home visiting program operating in the South Pima region.

Benefits to children: higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Regional Council recognizes and supports all four elements of the scholarship program:

Scholarships - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

Education - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

Compensation - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). Arizona will establish the formulas for each.

Commitment - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

Information about the TEACH Early Childhood Arizona project is available on the web at www.childcareservices.org/ps/teach.html. State contacts are available at www.childcareservices.org/ps/statecontacts.html.

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus,

OH.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Goal: FTF will increase retention of the early care and education workforce.

Key Measures:

1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
2. Total number and percentage of professionals working in early care and education who are pursuing a credential, certificate, or degree
3. Total number and percentage of children expelled from early care and education services
4. Retention rates of early childhood and health professionals

Target Population:

All areas of the region would be eligible for participation. Scholarships would target scholars in regionally funded QUALITY FIRST! centers/homes first. Scholarships would additionally be available for scholars in centers and homes not participating in QUALITY FIRST! as well as home educators who are part of a home visiting program. Additionally, through cross-regional collaboration, two scholarships would be available to scholars working on the Tohono O'odham Nation. The number of scholarships increases annually based on the number of homes/centers regionally funded for participation in QUALITY FIRST! over the three year funding cycle.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	54	85	107

Performance Measures SFY 2010-2012

1. # of professionals working in early care and education pursuing a degree in early childhood / 54 – actual service number
2. # of professionals with a CDA Credential working in early care and education settings/proposed service numbers
3. # of professionals with degrees in early childhood education working in early care and education settings/proposed service numbers

- How is this strategy building on the service network that currently exists:

This strategy capitalizes on TEACH Early Childhood Arizona. TEACH is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. It will utilize local colleges and universities to deliver the courses needed for scholars to complete their educational goals. The Regional Council is building on the infrastructure elements established by the FTF Board with QUALITY FIRST! and TEACH to improve the quality of early care and education in the South Pima region.

- What are the opportunities for collaboration and alignment:

Cohorts of staff from various early care and education programs might be created to better support the scholars and to maximize use of higher education staff providing coursework. It creates a collaborative opportunity with the Tohono O'odham Nation Regional Partnership Council because of the funding of two of their scholars. The TEACH Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Regional Council participation with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet specific regional needs.

The Regional Council Committee addressing professional development has initiated discussions with the Regional Community College about increasing appropriate coursework, about beginning specialized curriculum and delivery of courses through cohorts, distance learning opportunities, and about providing coursework "in the field" at locations available to our early care and education professionals. The Regional Council will continue these preliminary discussions as funding is approved.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$117,720
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Budget Justification:

The South Pima Regional Partnership Council determined the funding per scholar will be \$2,180 per scholar per year. This was determined using the estimated cost per scholar of \$1,600 provided by FTF policy staff. Additionally, a \$500 bonus was added as well as 10 hours of release time @\$8.00 per hour per scholar. Exact bonus and release time hours established by the administering agency were not available at the time of this funding plan, so these amounts may need to be adjusted to align with the TEACH Early Childhood Arizona model for Arizona once it is finalized. The number of scholars will increase yearly based on the increases in regionally funded QUALITY FIRST! slots.

Strategy 5: Implement a wage compensation program tied to TEACH Early Childhood Arizona scholar's completion of early childhood education degree.

A wage enhancement program would address two key issues affecting quality and access in early care and education settings: 1) retention of teachers and staff; and 2) qualifications of teachers and staff. The high turnover of early childhood staff directly impacts the quality of experience for children. Consistence of care in early education settings allows children to bond with their teachers and feel safe, thereby creating an environment conducive to learning. In order to improve retention of early childhood professionals, it will be important to enhance compensation. Wage enhancement programs incentivize teachers, staff and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

Child care workers are among the lowest-paid of all low-wage workers. According to the Bureau of Labor Statistics, in 2003 the average annual salary for child care workers in Arizona was \$16,360, far less per year than dog groomers and barbers and less than half the self-sufficiency wage. In 2008, the federal poverty line is \$21,200 for a family of four, and in Tucson and Pima County as of 2002 (the most recent data available), the annual combined income level for self-sufficiency for a family of four (two adults, one school-age, and one preschool child) is \$41,165. These figures cover only the most basic needs, and do not take into account "extras" such as retirement, savings, education funds, car repairs, or even a movie rental. With inflation and rising food and gas prices, the 2008 figure is likely far higher.

According to the U.S. Bureau of Labor Statistics, Arizona preschool teachers earn about half the salary of kindergarten teachers; child care teachers earn even less. Pay varies depending on the type of center in which the teacher works, as well as on the teacher's position; assistant teachers earn an average of \$8.10 an hour, teachers an average of \$9.00 an hour, teacher/directors an average of \$10.92 an hour, and administrative directors earn an average of \$15.00 an hour. Teacher quality is strongly correlated with compensation.

There is a definite correlation between an early childhood education professional's time spent in a job and his/her education level. In Arizona, those with the highest levels of education (Directors, Teacher/Directors, and Teachers) had the longest length of employment. Among teachers, 92% of Head Start teachers were employed for four years or longer; 92 % of Head Start teachers are required to have some college education.

This strategy offers a plan to increase compensation to staff as an incentive to further their education. South Pima Regional Partnership Council will use whatever model FTF ultimately uses as a compensation enhancement program.

http://communityissues.azfoundation.org/index.php/54+M525989d34ef/?&backPid=22&tt_news

U.S. Department of Health and Human Services: <http://aspe.hhs.gov/poverty/08Poverty.shtml>
The Self-Sufficiency Standard for Arizona, prepared by Diana Pearce with Wider Opportunities for Women for the Children's Action Alliance, March 2002.
 Arizona School Readiness Task Force Report. July 2002
Compensation and Credentials, Children's Action Alliance, July 2005, pgs 4-5.
Compensation and Credentials, Children's Action Alliance, July 2005, pgs 12 and 14.

Lead Goal: FTF will increase retention of the early care and education workforce.

Goal: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

1. Retention rates of early childhood development and health professionals
2. Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development
3. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

Target Population:

This strategy will target scholars who are participating in TEACH Early Childhood Arizona upon completion of educational steps based on estimating 80% of scholars completing education goals.

FY10: 80% of 54 TEACH Early Childhood Arizona scholars=43 scholars

FY11: 80% of 85 TEACH Early Childhood Arizona scholars=68 scholars

FY12: 80% of 107 TEACH Early Childhood Arizona scholars=86 scholars

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	43	68	86

Performance Measures SFY 2010-2012

1. # of professionals pursuing degree in early childhood/43 - Actual service #
2. # of degreed professionals in early care and education/Actual service #

<p>3. # of early care and education professionals at an assistant teacher or teacher level retained for 3 years/this would allow Regional Council to establish a baseline</p> <p>4. #of early care and education professionals at a center director level retained for 5 years/ this would allow Regional Council to establish a baseline</p>	
<p>• How is this strategy building on the service network that currently exists:</p> <p>This strategy directly ties into TEACH Early Childhood Arizona and QUALITY FIRST! building on the state system. The South Pima Regional Partnership Council anticipates that FTF will adopt a wage enhancement model in the near future and will utilize the administrative home agent to provide compensation incentives aligned to the state model.</p>	
<p>• What are the opportunities for collaboration and alignment:</p> <p>There is great interest from the early childhood community and throughout the state in tying increased compensation to increased levels of education. This strategy is also under consideration by the North Pima, Central Pima, and Pascua Yaqui Regional Partnership Councils, and could lead to some opportunities for collaboration.</p>	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$86,000
<p>Budget Justification:</p> <p>The South Pima Regional Partnership Council determined that the average compensation for scholars completing their education degree would be \$2,000. Depending on what FTF develop as a statewide strategy, this amount may be adjusted. Compensation packages will likely be established at different rates for different levels, i.e. less for someone completing an A.A. than someone completing a B.A. If FTF has not identified a compensation plan by FY10, funds would be carried forward to implement the plan regionally once FTF identifies what will be supported at the state level.</p>	

Strategy 6: Increase outreach and enrollment assistance for public health insurance to eligible but not yet enrolled families.

Despite advertising and outreach efforts to enroll uninsured children in the region, there are 14,174 children in the South Pima Region who are not currently enrolled for AHCCCS or Kids Care but are eligible. To cover those remaining families, enrollment efforts must be brought to the places where hard-to-reach families congregate. Children who have health insurance are more likely to have a usual source of health care for preventive care and when they are ill, this ensures better health related outcomes.

Children without medical insurance have a hard time obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.¹

The strategy proposed to increase the number of children with health insurance is outreach and enrollment assistance in public health insurance programs. This strategy will build on and enhance existing efforts and will be launched in partnership with community-based organizations serving areas of the region where the uninsured are likely to reside or seek out other services. Families up to 200% poverty level will be urged to enroll in available public health insurance programs.

Our Regional Council's first target is to bring the number of uninsured-but-eligible children to the level of the rest of the state (currently 15%) within three years. This is ambitious, but will better position the region to address other health related issues.

Furthermore, the outreach efforts will also focus on educating parents about the importance of taking their children to the doctor regularly and receive timely preventative health care for their children. The Regional Council understands the importance of working with the health care organizations in the region to increase utilization of preventative health care.

¹Children's Action Alliance (2000). Make Kids Count: Closing the Gap in Children's Health Coverage. 4001 North Third Street, Suite 160, Phoenix, Arizona, 85012.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Total number and percentage of children with health insurance
2. Total number and percentage of children receiving appropriate and timely well-child visits

Target Population :

The strategy will target the population of families in our region with children ages birth through age five who are likely to qualify for public health insurance, yet are currently uninsured. This strategy will strive

to enroll up to 2000 children who are eligible but not currently enrolled in public insurance programs.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	2000	2000	2000
Performance Measures SFY 2010-2012 <ol style="list-style-type: none"> 1. # of children with health insurance/2000 - proposed service # 2. # of children with health insurance/actual service # 3. # of children with health insurance under 200% poverty level/2000 - proposed service # 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Current projects for outreach and enrollment exist and have shown some success. Program providers report that these existing efforts are inconsistent and intermittent due to limited funding, planning, and coordination. This strategy will provide the opportunity to build on the work that has taken place and promote a consistent effort to enroll children on AHCCCS or KidsCare. This strategy proposes using existing points of contacts to inform families about insurance and enroll eligible families in public health programs.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>The Regional Council will work with AHCCCS and the State Department of Health to promote coordination by connecting with existing providers that serve as a point of contact for families with young children in their communities and utilize these providers to support insurance enrollment. For example, using E-Application, a library employee could be trained to assist a family in AHCCCS enrollment through use of E-Application.</p> <p>Furthermore, as more children are enrolled in Medicaid or KidsCare there will be an increase in the number of children receiving their well child visits and preventative health care. The funding proposed for outreach in this area will also be used to educate parents about the importance of taking their children to the doctor regularly and in receiving timely preventative health care for their children. The Regional Council understands the importance of working with the health care organizations in the region to increase accessibility for families.</p> <p>The proposed strategy would require the grantee(s) to convene an advisory group to develop a plan to</p>			

identify current outreach and enrollment activities, develop a plan to coordinate with these efforts, establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$200,000
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Budget Justification:

- Much of the cost of this strategy will be to provide outreach. \$150,000 has been budgeted for outreach staff time.
- \$25,000 is allocated for the cost of AHCCCS E-Application enrollment fees; 6 licenses @ \$3,900.00 per year.
- \$25,000 for supplies and materials for outreach (laptop, brochures, etc.).

This strategy is expected to include multiple awards, but may include a single award.

Strategy 7: Increase children's access to preventative dental health care by implementing an early childhood oral health program consisting of parent and staff education, oral screenings and referrals and increase exposure to fluoride for prevention of dental decay (fluoride varnish and tooth brushing programs).

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care; the risk of other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births.

Almost 9% of Arizona's kindergarten children have urgent dental care needs and 35% have untreated tooth decay. As many as 30% of South Pima County children under the age of 5 have untreated dental decay and 70% have pre-cavities. This strategy would provide outreach and training to dentists toward seeing young children in order to increase the pool of dentist willing to see children starting at age 1 and outreach to pediatricians and general practitioners on guiding parents to have oral screenings for their children beginning at one year.

Agencies awarded funding would work with regulated and licensed child care settings in the South Pima Region to provide oral screenings and fluoride varnish to enrolled children under the age of five years. They would also provide oral health education for parents of enrolled children and child care staff, including implementing tooth brushing programs in the child care settings. Additionally, grantees would utilize outreach materials and the North Carolina Baby Oral Health kit to educate dentists in the need to serve children beginning at age one year and provide them with age appropriate strategies for screening very young children. A financial incentive to see children beginning at the age of one year would be offered to dental offices which expand their services to include this age group.

Outreach materials would include radio media and outreach to medical providers on the importance of early oral health screenings.

Edelstein B., Douglass C. *Dispelling the Cavity Free Myth*. Healthy Reports 1995.
Arizona Department of Health Services. *The Oral Health of Arizona's Children*. Phoenix, November 2005.
Burt BA, Eklund SA. *Dentistry, Dental Practice and the Community*. Saunders, Philadelphia, 1999.
<http://azdhs.gov/ooh/pdf/OOH-AZSchoolChildrenReport-pagebypage.pdf>.

United Way of Tucson and Southern Arizona, Weyerhauser Oral Health Program. 2007			
Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.			
Key Measures: <ol style="list-style-type: none"> Total number and percentage of children receiving appropriate and timely oral health visits 			
Target Population : <p>All children in South Pima Region with priority given to children falling into low socio-economic status (free/reduced lunch, 50% of children in center eligible for D.E.S. subsidy). Statistically, these are the highest risk populations for dental caries. Areas of the region where there is no fluoride added to the water would also receive priority.</p> <p>Outreach would target parents, child care providers, dentists, and health care providers.</p>			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	3736 screening, fluoride vanish treatments	3736 screening, fluoride vanish treatments	3736 screening, fluoride vanish treatments
	288 child care centers/homes	288 child care centers/homes	288 child care centers/homes
	40 health care providers	40 health care providers	40 health care providers
Performance Measures SFY 2010-2012 <ol style="list-style-type: none"> Total #and % of children receiving appropriate and timely oral health screenings/3736 - proposed service # Total # and % of children receiving fluoride vanish treatment/ 3736 – proposed service # Total # of child care settings implementing tooth brushing programs/ 288 – proposed service # 			

- How is this strategy building on the service network that currently exists:

This strategy builds on a current, local early childhood oral health program based on prevention and early intervention. State Medicaid has dental coverage for children needing dental treatment. This strategy proposes using existing points of contacts such as child care centers, dental offices and clinics to increase children's access to oral health services. There are several dental health programs currently operating within the South Pima Region that could expand their scope of work or service area. Outreach would be done to existing dental and health clinics and offices to educate health providers about the importance of early screening and fluoride treatment. Families would receive educational information through their child care provider or community events. Child care centers would implement tooth brushing programs.

- What are the opportunities for collaboration and alignment:

This strategy would link with existing providers that serve as a point of contact for families with young children in their communities and utilize these providers to support dental education and expand services to children beginning at one year of age by providing them with training specific to examining infants and toddlers for oral health needs. The program would begin by making contact with all DHS and DES regulated homes and centers in South Pima, enlisting them as participants, and working with the child care staff and families of enrolled children to provide oral health information to support prevention and early intervention for oral health needs. As new child care centers and homes are supported through Strategy 1, they would also be enrolled in this program. This would support a comprehensive approach to this high-need area for service.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$225,000
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Budget Justification:

Breakdown:

Activity	Service #	Unit cost	Total cost	Description
Oral screening, fluoride varnish 2X per yr., toothbrush, referrals as needed	3736	\$30	\$112,080	3736 children in 51 child care centers w/ 50 children; 237 homes w/ 5 children. Estimate includes screening and fluoride varnish supplies, staff time, tooth brushing supplies, protocol training.

Parent and staff education on oral health	288	\$132	\$38,016	Education program to increase parent and center staff awareness about the importance of early childhood oral health and their role. Pre and post test child care staff. Education provided to 151 early ed. sites. Estimated amount is to pay someone to provide the training.
Outreach materials		\$6,000	\$6,000	State OOH education materials. The ADHS Office of Oral Health developed brochures for parents and a postcard that was mailed to dental offices to make them aware of the visit by age 1 yr.
Staff time - dental ambassador 100 hrs x \$100 per hr	100	\$100	\$10,000	Dental hygienist to encourage dental offices to see infants & toddlers, offer CEUs.
North Carolina's Baby Oral Health kits @ \$100 ea. X 40 off	40	\$100	\$4,000	The NC Baby oral health kits are developed modules (w CEUs) to train dentists to see infants & toddlers. Portions of this kit could be used to train Pediatricians too. Pediatricians could be invited to establish connections between the dental offices and the medical providers.
Incentives to dental offices to see children @age 1 yr	30	\$500	\$15,000	To encourage dental offices to see young children. \$500 per office x 30 offices
Radio media buy to promote early dental visits			\$15,000	Develop short message that inform the public (parents, dentists, medical professionals.) that early visits are now recommended. Perhaps could be done in conjunction with AHCCCS/KidsCare outreach.
Subtotal			\$200,096	

South Pima Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$3,788,004

Admin costs, travel, evaluation, other misc.	10%	\$222,107	\$22,211	10% of the total award	
TOTAL			\$225,000		

Strategy 8: Increase early literacy in child care settings by providing high quality age appropriate lending libraries and professional development to child care centers and homes participating in QUALITY FIRST! to ensure the quality teaching and support for the early language development, literacy and school readiness needs of children infant to five years of age.

On average 50% of children entering kindergarten in school districts in the South Pima Region require intensive literacy interventions to support their developing literacy skills and third grade AIMS tests show that 35% do not meet the reading standards. When child care staff and parents understand the importance of engaging their child in rich conversations and exposing them from birth onward to the many forms of literacy, children will develop the language and literacy skills they need to become successful readers in later years.

This strategy will supplement the QUALITY FIRST! program by strengthening the early literacy component. Both state and regionally funded homes and centers will be included. In subsequent years, as more child care providers are recruited through Strategy 1, they will be included in this target population when they begin participation in QUALITY FIRST!. Workshops designed to support families in their role as a key player in their child's language and literacy development will be offered to the parents of children enrolled in QUALITY FIRST! homes and centers. Early care and education staff in these programs will also receive education on supporting young children for optimal language and literacy development.

DIBELS Assessment Data provided by school districts
Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

Lead Goal:

FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

1. Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
2. Percentage of families with children birth through age five who report reading to their children daily in their primary language

Target Population :

Child care centers, group homes and child care homes participating in QUALITY FIRST! in the South Pima Region will be the initial participants.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	18 child care centers/27 homes participating in QUALITY FIRST!	5 child care centers/26 homes participating in QUALITY FIRST!	5 child care centers/27 homes participating in QUALITY FIRST!
Performance Measures SFY 2010-2012			
1. % of families reporting an increase in the # of days family reads/strategic target #			
2. % of families attending literacy workshops/actual service #			
3. # of child care settings adding family lending libraries to their home or center/45 - actual #			
• How is this strategy building on the service network that currently exists:			
Existing programs that target early literacy development in South Pima can be expanded to serve age groups or communities that are currently not served, or increase the numbers that are currently served.			
• What are the opportunities for collaboration and alignment:			
This strategy is directly linked to Strategy 2 by providing centers and homes participating in QUALITY FIRST! with classroom lending libraries and literacy education for both child care providers and families. It will also impact programs that are recruited in Strategy 1 as they become enrolled in QUALITY FIRST!			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$62,910		
Budget Justification:			
The estimated cost of providing a family lending library for a child care center of up to 75 children is \$2,745 and for a child care home (5 children) is \$500. The South Pima Regional Partnership Council believes that supplementing the QUALITY FIRST! centers and homes with this additional support would			

enhance QUALITY FIRST! participants and additionally support a family's role in their child's literacy development.

18 centers x \$2,745=49,410

27 homes x \$500=\$13,500

Total = \$62,910

Strategy 9: Working in partnership with the Southeast Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

Specifically the Regional Council will focus on the following:

- Engage families, community organizations, businesses, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.
- Advocate for public policy change and increased resources on behalf of young children and their families.
- Utilize a development specialist to support the Regional Council in seeking external funding opportunities to augment funded and unfunded strategies.

The Regional Council recognizes the importance and effectiveness of working in partnership with the Regional Councils and FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The South Pima Regional Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."¹

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.²

The South Pima Regional Partnership Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Southeast Regional Councils and FTF Board to further define the community awareness and mobilization effort. The Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need over time and will set aside \$50,000 each year for cross regional communication and \$50,000 to fund 1020 hours for a contractual resource development specialist that would support the Regional Council in implementing strategies by identifying and seeking out appropriate funding sources to support expansion and sustainability of strategies over time.

¹Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.

² FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

Lead Goal: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

1. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
2. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

Target Population :

The strategy will target the region's entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc., will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Councils and State Board.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
Performance Measures SFY 2010-2012			

TBD	
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>FTF has developed a statewide communications plan. This strategy will develop a communication plan that will specifically target the communities of the Southeast Region and is aligned with the FTF plan.</p>	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>The Southeast Regional Partnership Councils will collaborate to fund a communication strategy that is aligned with the statewide communications plan but specifically targets the Southeast Region. The proposed strategy would require the grantee to convene an advisory group to develop a plan to identify current outreach and communication activities, develop a plan to coordinate with these efforts, and establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.</p>	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$100,000
<p>Budget Justification:</p> <p>\$50,000 will be allocated for communication efforts.</p> <p>\$50,000 will be allocated to support community outreach and development to secure external funding.</p> <p>Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The South Pima Regional Partnership Council will allocate \$100,000 for this strategy which is slightly more than 2% of the allocation.</p>	

Strategy 10: Increase the number of mental health infant/toddler specialists and speech/language pathologists supporting children birth to age five by providing internship stipends and tuition reimbursement.

Early intervention can produce long range savings in remedial services, however, there are few therapists with the appropriate education and training to appropriately address the needs of the very young child, at a time when intervention can have the greatest impact.

There is a critical national shortage of specialists of all types and that trend is even more evident in the South Pima Region. Small and rural communities have an ever more difficult time getting specialized services for children with special needs than the larger metropolitan areas.

This strategy is intended to provide an incentive through stipends for potential therapists to complete their internship in a setting working with children birth to age five with added emphasis on serving in a rural area. A further incentive of tuition reimbursement for therapists who complete their education with an emphasis on birth through age five and a three year service commitment in a rural area of this region would be implemented.

Lead Goal: FTF will advocate for timely and adequate services for children identified through early screening.

Key Measures:

1. Ratio of children referred and found eligible for early intervention

Target Population : This strategy would be implemented across the South Pima Region, but with special consideration given to students interested and willing to complete their internship and service commitment in outlying communities that currently do not have access or very limited access to any service providers. English/Spanish bilingual applicants will also receive greater consideration in order to meet the high demand for services for children whose primary language is not English.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	8 4 tuition reimbursement; 4 intern stipends	10 5 tuition reimbursement; 5 intern stipends	10 5 tuition reimbursement; 5 intern stipends
Performance Measures SFY 2010-2012 1. # of licensed speech/language therapist with special emphasis on birth through age five 2. # of endorsed infant/toddler mental health specialists			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: <p>The state universities currently have programs for speech/language therapists that could be expanded to increase available seats and to address coursework specializing in working with children birth through age five. ASU School for Social and Family Dynamics currently offers an infant/toddler mental health endorsement.</p>			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: <p>This is a statewide need and opportunities to collaborate with other regions in the Southeast Region exist as Regional Councils move forward with the approval of strategies.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			

Population-based Allocation for proposed strategy	\$0
<p>Budget Justification:</p> <p>This strategy is not funded through the regional allocation at this time. External resources will be sought to support it. The estimated costs are listed below:</p> <p>Other tuition reimbursement programs used for recruitment purposes were examined to determine a 60% reimbursement rate for tuition. The average cost of a degree program for a speech/language pathologist (SLP) is \$75,000. SLP's also must complete an internship/student placement. A stipend would be offered to students willing to complete their internship in rural areas or communities that have a difficult time attracting therapists. Students seeking an infant/toddler mental health (IMH) endorsement must complete an internship as part of the requirement. In order to attract these students to work in hard-to-serve areas, a \$5,000 stipend would be offered as an incentive. Each year, two stipends would be offered for internships in SLP and two for IMH. In subsequent years, those students would be eligible for 60% reimbursement of their tuition up to \$45,000 if they commit to serve a rural or un-served community in the South Pima Region for three years.</p> <p><u>FY10:</u> \$203,000</p> <p><u>FY11:</u> \$383,000</p> <p><u>FY12:</u> \$383,000</p>	

III. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$3,788,004
Expenditure Plan for SFY2010 Allocation	
Strategy 1 Recruit child care	\$983,000
Strategy 2 Quality First!	\$690,000
Strategy 3 Home Visiting	\$525,000
Strategy 4 T.E.A.C.H.	\$117,720
Strategy 5 Wage Enhancement	\$86,000
Strategy 6 Insurance Enrollment	\$200,000
Strategy 7 Oral Health	\$225,000
Strategy 8 Literacy programs	\$62,910
Strategy 9 Communication	\$100,000
Strategy 10 Stipends and tuition	\$0
Evaluation	\$75,000
Regional Needs & Assets (if applicable)	\$10,000
Subtotal of Expenditures	\$3,074,630
Fund Balance (undistributed regional allocation in SFY2010)*	\$713,374
Grand Total (Add Subtotal and Fund Balance)	\$3,788,004

A fund balance has been intentionally built into the budget to provide funding in subsequent years to support the growth of several strategies. Strategies 2, 3, 4, and 5 are developed to continue support over three years for the initial group of participants identified and funded in FY10. The South Pima Regional Partnership Council would like to increase the number of new participants in FY11 and FY12 as capacity to implement the strategies and deliver the required services are developed regionally. In order to be able to do this, the Regional Council will need to maintain a fund balance to supplement the regional allocations for FY11 and FY12. The South Pima Regional Partnership Council will need to be strategic in FY12 regarding sustainability of strategies in FY13 and seek discretionary funding as well as private and public funding opportunities to support sustaining its goals. Additionally, the South Pima Regional Council had determined the need to set aside funds to support additional evaluation for indicators that have been identified as data gaps in the Regional Needs and Assets Report but may not be included in the state-wide evaluation plan.

IV. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$3,788,004	\$3,788,004	\$3,788,004	\$11,364,012
Fund Balance (carry forward from previous SFY)	N/A	\$713,374	\$822,628	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 Recruit child care	\$983,000	\$725,000	\$600,000	\$2,308,000
Strategy 2 Quality First!	\$690,000	\$1,412,000	\$2,156,000	\$4,258,000
Strategy 3 Home visiting	\$525,000	\$600,000.00	\$750,000	\$1,875,000
Strategy 4 T.E.A.C.H.	\$117,720	\$185,300	\$233,260	\$536,280
Strategy 5 Wage Enhancement	\$86,000	\$136,000	\$172,000	\$394,000
Strategy 6 Insurance enrollment	\$200,000	\$200,000	\$200,000	\$600,000
Strategy 7 Oral Health	\$225,000	\$225,000	\$225,000	\$675,000
Strategy 8 Literacy programs	\$62,910	\$45,450	\$45,450	\$153,810
Strategy 9 Communication	\$100,000	\$100,000	\$100,000	\$300,000
Strategy 10 Stipends and tuition	\$0	\$0	\$0	\$0
Regional Needs & Assets	\$10,000	\$0	\$10,000	\$20,000
Evaluation	\$75,000	\$50,000	\$50,000	\$175,000
Subtotal Expenditures	\$3,074,630	\$3,678,750	\$4,541,710	\$11,295,090
Fund Balance* (undistributed regional allocation)	\$713,374	\$822,628	\$68,922	
Grand Total	\$3,788,004	\$4,501,378	\$4,610,632	

A fund balance has been intentionally built into the budget to provide funding in subsequent years. The service levels for strategies 2, 3, 4, and 5 are increased each year FY10-FY12 as capacity to implement the strategies and deliver the required services are developed regionally. The South Pima Regional Partnership Council will need to be strategic in FY12 regarding sustainability of strategies in FY13 and seek discretionary funding opportunities as well as private and public grants to support sustaining goals.

Goal 10 is unfunded at this time. Should additional funding become available either through external funding opportunities or unanticipated carry-forward funds, these strategies would be considered for funding. This strategy was identified by the South Pima Regional Partnership Council as important in addressing regional needs but will not be funded initially due to limited funds.

Southeast Arizona Regional Partnership Councils are partnering in these three areas: Communication, Evaluation and Needs and Asset Reports because we understand the importance of coordinating these

activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

V. Discretionary and Public/Private Funds

The South Pima Regional Partnership Council has identified two recommendations for discretionary funding that will address a service gap and expand capacity to serve more children and families.

1. Expand strategy #1, access and affordability to early care and education, to support expansion of centers needing capital improvements for building expansion or remodeling to increase capacity especially for infants through age three. Many of the rural communities lack infrastructure that can be utilized for child care without significant capital investment in building improvements. These are the communities that currently have no child care available and without initial support for infrastructure will be challenged to meet this need. The Regional Council understands the requirement of a 50% match for new construction.
2. Increase the number of therapists and specialists providing services to children under the age of five years through tuition reimbursement and stipends. Therapists are in short supply everywhere in the state, but rural areas are suffering a critical shortage. \$203,000 would provide 4 stipends to entice therapists to do internships in rural communities followed by 4 tuition reimbursements for a three year service commitment in rural communities.

The South Pima Regional Partnership Council has not yet identified private dollars to support this work. The Regional Council plans on utilizing a development specialist to convene key stakeholders in the community in early 2009 to discuss opportunities that exist for private funding and develop a resource development plan for the region. It is important to note that current resources in the community and the economic forecast do not indicate that financial support will be available to meet the anticipated costs of these necessities.